

FINISH CARPENTRY

Address Line 1
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
No: # _____

BILL TO:

Name: _____
Address: _____
Project: _____

DESCRIPTION OF LABOR	HOURS/QTY	RATE	TOTAL
Crown Molding Installation			
Baseboard & Trim Work			
Door Hanging / Hardware			
Cabinetry / Built-ins			
MATERIALS			
Lumber / Stock			
Fasteners / Adhesives			

DESCRIPTION OF LABOR

HOURS/QTY

RATE

TOTAL

Finishing Supplies

Labor Subtotal: \$ _____

Materials Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Terms: Payment due within ___ days. Please make checks payable to _____.

Thank you for your business.